

**NOTIFICATION OF CONTINUATION OF BENEFITS
AS A RESULT OF VERIFICATION**

(OPTIONAL)

Date: _____

Dear: _____:

Thank you for cooperating with the _____
(Name of school food authority)

in its verification of eligibility for school meal benefits. The materials you have sent are sufficient for us to verify that your child is eligible for the meal benefits he or she is receiving.

We appreciate your cooperation and support during this process. If you have any questions concerning our program, please feel free to contact our office.

Sincerely,

<p>In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.</p>
